

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4163HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RED ROCK BEHAVIORAL HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5975 W TWAIN AVE LAS VEGAS, NV 89103</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint survey conducted at your facility 1/2/09 through 1/6/09.</p> <p>The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on August 04, 2004.</p> <p>The following complaints were investigated:</p> <p>#NV00019724 - Substantiated (Tag S143) #NV00019244 - Unsubstantiated #NV00019092 - Unsubstantiated #NV00018967 - Substantiated (Tage S300) #NV00017630 - Substantiated (Tage S088)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	S 000		
S 088 SS=F	<p>NAC 449.316 Physical Environment</p> <p>1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure the overall</p>	S 088		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	<p>Continued From page 1</p> <p>hospital environment was maintained for the safety and well-being for 6 of 6 patients.</p> <p>Findings include:</p> <p>1. On 1/2/09 the dinning room refrigerator was observed to have a temperature, on the exterior thermometer, of 48.6 degrees. The interior thermometer also read 48.6 degrees.</p> <p>The temperature logs for the past 3 months recorded temperatures as follows:</p> <p>October of 2008 - ranged from 36 degrees to 45 degrees.</p> <p>November 2008 - ranged from 37 degrees to 46 degrees.</p> <p>December 2008 - ranged from 40 degrees to 46 degrees.</p> <p>Interviews with staff revealed they were unaware the refrigerator temperature should have been under 41 degrees.</p> <p>2. On 1/2/09 the dinning room had only cold running water. No water came out of the "hot" spigot.</p> <p>The day room had cold water. The water coming out of the "hot" spigot was also cold, even after the water ran for several minutes.</p> <p>The Executive Director confirmed the water was cold in the day room and there was no hot water in the dinning room.</p> <p>Neither the dinning room nor the day room had germicide available for staff or patients. The</p>	S 088			

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S 088	Continued From page 2  Germicide containers were empty.  3. On 1/2/09, the water in resident rooms was checked (unless the resident did not agree to allowing the surveyor in the room).  The water in both the sinks and showers was cold.  The shower water, after running, began to warm up.  The sinks had "auto - on" faucets. The water was unable to run for a length of time and the water was unable to get warm.  The Executive Director confirmed the water was cold.  Severity: 2 Scope: 3  Complaint #NV00017630	S 088		
S 143 SS=D	NAC 449.332 Discharge Planning  1. A hospital shall: (a) Have a process for discharge planning that applies to all inpatients; and (b) Develop and carry out policies and procedures regarding the process for discharge planning. This Regulation is not met as evidenced by: Based on interview, document review, and record review the facility failed to ensure they carried out their policies and procedures regarding discharge planning for 1 of 6 patients (#2).  Findings include:  Resident #2 had an Admission date of 10/24/08	S 143		

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S 143	<p>Continued From page 3</p> <p>and an AMA (against medical advice) discharge on 10/25/08.</p> <p>The Patient Belongings Inventory was dated 10/20/08 at 1000 (10 AM). Listed on the inventory form as Contraband was: 1 hair clip and a drivers license. A notation was made indicating the license was placed in a Valuable Bag (#855869). Listed on the inventory form as items kept by patient: 1 green T-shirt, 1 jacket.</p> <p>Upon her AMA discharge, the patient did not sign the inventory form indicating she received her items.</p> <p>On 1/6/09 an interview with hospital staff revealed they attempted to make contact with the patient via the telephone number and address they were provided however, they were unable to contact the client to return the driver's license.</p> <p>The Patient Valuables Envelope contained a notation dated 12/9/08 - "Drivers license was destroyed and put in shredder".</p> <p>The facility policy entitled Discharge Process, Policy # 1200.8 dated 8/2005, revised 4/2007 stated: "Nursing Staff Responsibilities: ... 2. Assist to gather and pack all belongings. 3. Review and have the patient sign belongings sheet. 4. Obtain valuables envelope and check off items listed. Obtain signature on valuables envelope. 5. Document with signature in the log book that all valuables have been given to patient."</p> <p>Severity: 2 Scope: 1</p>	S 143		

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S 143	Continued From page 4  Complaint #NV00019724	S 143		
S 300 SS=D	<p>NAC 449.3622 Appropriate Care of Patient</p> <p>1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the individual treatment plan included objectives and interventions for 1 of 6 patients (#1).</p> <p>Findings Include</p> <p>1. Patient #1 had an admission date of 8/11/08 at 14:00 (2 PM).</p> <p>A Risk/Fall Assessment was completed upon "admit" on 8/11/08. He had a score of 14. The score legend stated a score of greater than 10 equaled "At risk for falls; Initiate fall precautions and Treatment Plan."</p> <p>The "Interdisciplinary Treatment Plan" was dated 8/11/08 at 1900 (7 PM). "Fall Risk" was not identified on the treatment plan.</p> <p>On 8/12/08, a progress note, at 2230 (10:30 PM) stated "Patient found face down on floor by CNA (Certified Nursing Assistant) doing 15 minute checks. Bright red blood on floor..."</p>	S 300		

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S 300	<p>Continued From page 5</p> <p>The Treatment Plan contained an 8/12/08 addition of Problem #6 (Fall Risk). the Action column listed a "T" (treat). There were no "Objectives" nor "Interventions" listed in the treatment to address the fall risk.</p> <p>The Executive Director confirmed there was no further information available.</p> <p>Severity: 2    Scope: 1</p> <p>Complaint #NV00018967</p>	S 300			

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